PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004988

1. Corporation Name
J. W. BUSSARD, INC.

Principal Place of Business / Mailing Address
2626 PGA Blvd.
Suite 131
PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2626 PGA Blvd.	2626 PGA Blvd.
Suite, Apt. #, etc. 131	Suite, Apt. #, etc. 131
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 11-9-92
5. FEI Number: 65 0372571 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Jack W Bussard	11378 E. Teach Rd.	Palm Beach Gardens, FL 33410
	Principal		

900002513758--1
-05/06/98--01094--005
***1350.00 ***1350.00

REINSTATEMENT 94-98
4-30-98
GK

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JACK W BUSSARD 11378 E. TEACH Rd. PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 4/29/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 4/29/98 561-626-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #